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CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
DEPUTY

#### UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON AT SEATTLE

BALEVA M. WARD,

Plaintiff.

٧.

RANDY ROGERS,

Defendants.

Case No. C00-821Z

ORDER GRANTING
APPLICATION TO PROCEED IN
FORMA PAUPERIS AND
DIRECTING INSTITUTION TO
CALCULATE, COLLECT, AND
FORWARD PAYMENTS

The Court, having reviewed plaintiff's application to proceed in forma pauperis, does hereby find and ORDER.

- (1) Plaintiff's declaration indicates he is unable to afford the court's filing fee or give security therefor. Accordingly, plaintiff's application to proceed as a pauper is GRANTED. As set forth below, an initial partial filing fee will be collected, and plaintiff is required to make monthly payments of 20 percent of the preceding months income credited to his/her account until the full amount of the filing fee is satisfied.
- (2) Pursuant to 28 U.S.C. § 1915 and plaintiff's approved application to proceed *in forma* pauperis, the agency having custody of the above named plaintiff is directed to calculate an initial partial filing fee equal to 20 percent of the greater of -- the average monthly deposits to the prisoner's account or the average monthly balance in the prisoner's account for the 6-month period immediately preceding the date of this Order. The initial partial filing fee should be forwarded to the court clerk as soon as practicable.

Subsequently, if the prisoner's account exceeds \$10.00, each month the agency having custody of

plaintiff is directed to collect and forward payments equal to 20 percent of the prisoner's preceding month's income credited to the prisoner's account. In the event that the monthly payment would reduce the prisoner's account below \$10.00, the agency having custody of plaintiff should collect and forward only that amount which would reduce the prisoner's account to the \$10.00 level. Please note that this \$10.00 limit does not apply to the initial partial filing fee described above. Finally, the monthly payments should be collected and forwarded to the court until the entire filing fee (\$150.00) for this matter has been paid.

(3) The Clerk is directed to send a copy of this Order to plaintiff, to the Court's Financial Administrator and to the financial officer at the agency having custody of plaintiff.

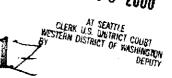
DATED this 5 day of June 2000.

RICARDO S. MARTINEZ
United States Magistrate Judge

AO 240 (Rev. 6/86; Mod. 03/98) Application to Proceed



UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON



Plaintiff BALEVA M. WARD

VS.

DECLARATION AND APPLICATION TO PROCEED IN FORMA PAUPERIS BY A PRISONER BRINGING A CIVIL **RIGHTS ACTION PURSUANT TO 42** 

Defendant(s) RANDY ROGERS

PAYDAY WAS ON THE 1st and 15th of EVERY MONTH.

U.S.C. § 1983\* (KIRKLAND POL. OFFICER), SPECIAL AGENT JOAN KAVECH, RON POLOWSKI, AND CHRIS

WREDE WHO IS ALSO A SEATTLE POLICE OFFICER(WREDE).

, declare I am the plaintiff in the above-entitled proceeding; in I, <u>BALEVA M. WARD</u> support of my request to proceed under 28 U.S.C. § 1915, I declare I am unable to pay the full filing fee or give security for it; and I am entitled to relief. The nature of my action is briefly stated as follows: I was deprived of my rights as a citizen of the United States and as a citizen of the state of Washington by these officers. On Feb. 4, 1998 Officer Rodgers, Special Agents Joan Kavech, Ron Polowski, and Chris Wrede did not do their job completely, and on the 12th of Feb. 1998 they also chose to also deprive me of my Constitutional Rights. In support of this application, I answer the following questions under penalty of perjury:  $\mathbf{X}$  Yes ☐ No (If "No" DO NOT USE THIS FORM) 1. Are you currently incarcerated: If "Yes" state the place of your incarceration. **AIRWAY HEIGHTS** CORRECTION CENTER Attach a certified copy of your prison trust account statement showing transactions for the past six months.  $\square$  Yes X No 2. Are you currently employed? If the answer is "Yes," state the amount of your salary, wages or gratuity per month, and identify your employer. If the answer is "No," state the date of your last employment, the amount of your salary or wages (net and gross) and pay period, and the name and address of your last employer. Feb. 13, 1998: Issaqua CONSULTING GROUP, 2020 124th Ave. NE. Bldg. C-106, Bellvue, Wa. 98005, (425) 867-1761: Gross Pay Monthly-\$2,160 Net Pay Monthly-\$1,540.

\*ONLY USE THIS FORM IF YOU ARE BRINGING A CIVIL RIGHTS ACTION. DO NOT USE THIS FORM IF YOU ARE BRINGING A PETITION FOR WRIT OF HABEAS CORPUS.

# 

3. In the past	twelve months have you received any money fr	om any of the	following sources?
a.	Business, profession or other self-employmen	nt Pes	≅ No
b.	Rent payments, interest or dividends	□ Yes	₩ No
c.	Pensions, annuities or life insurance paymen	ts	₩ No
d.	Disability or workers compensation payments	s □ Yes	₩ No
e.	Gifts or inheritances	□ Yes	₩ No
f.	Any other sources	□ Yes	₩ No
	to any of the above is "Yes," describe by that ite what you expect you will continue to receive. F		
(Do not includ	we any cash or do you have any money in a checkle your prison account funds.)  No  tal amount: \$0.00	cking or saving	s account?
valuable prope	rn any real estate, stocks, bonds, securities, other erty?  Yes  Scribe the property and state its value.		ruments, automobiles or other
	·	_	
6. Do you hav	ve any other assets?	₩ No	
If "Yes" list	t the asset(s) and state the value of each asset lis	ted.	
how much you IICOLE SLAG Ind giving I had not h	rsons who are dependent on you for support, state contribute to their support. My two childred ELE. I was paying about \$450.00 to between \$400.00 and \$650.00 to had a chance to spend more than the under penalty of perjury under the laws of ation is true and correct.	en: SIERRA a month to her mother \$200.00 a f the United S	R. WARD and OLIVIA the state for SIERRA for additional needs. month on OLIVIA. tates of America that the
Executed on:	<b>5/5/00</b> DATE		URE OF APPLICANT

CAUSE NO.	98-1-01 <b>871-9</b> SEA	
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#### ACKNOWLEDGMENT AND AUTHORIZATION

By choosing to bring a civil rights action, I acknowledge I am responsible for payment of the full \$150.00 filing fee under 28 U.S.C. § 1915. I authorize the agency having custody of me to collect from my account and forward to the Clerk of the United States District Court the initial partial filing fee calculated under the Certification and Calculation section and payments pursuant to 28 U.S.C. § 1915(b). I understand I am required to make monthly payments of twenty (20) percent of my preceding month's income credited to my account and the agency having custody of me will forward funds to the Clerk of the United States District Court each time the amount in the account exceeds ten \$10.00) dollars until the full filing fee is paid.

5/5/00	- Bulley Ot - NUME	

DATE

SIGNATURE OF APPLICANT

BALEVA M. WARD

#982256

COMMITTED NAME OF APPLICANT

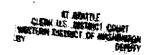
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## CERTIFICATE OF PRISONERS' ACCOUNT



I hereby certify that the prisoner herein has the following securities to his credit according to the records of Airway Heights Corrections Center (AHCC) institution.

I further certify that the prisoner has the following sum on account to his credit at the institution where he is confined:

Spendable amount: \$ 32,40

Mandatory savings (Non-spendable): \$ 80-97

Authorized staff of facility

05/02/00

Name and DOC # of prisoner: Bulevan Wand